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APPLICANTS

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PES

** CONTINUING DATA *****

NONE-PES

** FOREIGN APPLICATIONS *****

NONE-PES

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed 35 USC 119(a)-(d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged D. Onge, Steward Examiner's Signature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	MO	7	26	5

ADDRESS

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TITLE

Fixed angle swash plate compressor

FILING FEE RECEIVED 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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